When Application and Au	ıthorization sections	Please check one:	Please check one:		
are completed, please submit the original to:		State Transfer (SDCL 3-9-9)			
State Board of Finance		Full-time continuous employm	Full-time continuous employment for 6 months.		
Office of Secretary of State		Professional Recruitment (S	SDCL 3-9-12)		
500 E Capitol Ave Pierre SD 57501 Ph	one: 605-773-3537	Attach a written copy of the offer	of employment and of payment of		
		moving expenses. ation must be received in the Office	e of the Secretary of State no		
		d of Finance meeting on the th			
Documentation received a	fter that time will be processed a	the next Board of Finance meetin rotection of personally identifiable in	g. All documentation MUST		
		lication			
Scott Allbee		Information Technology Specialist	Dakota State University		
Name of Applicant		New Position Title	Agency Employed By		
\$71,500.00	Aberdeen, SD	Madison, SD	February 2018		
Yearly Salary	City, State Moving From	New Post of Duty (City)	Expected Month/Year of Move		
IOTAL)	02/26/2018 (Adj Service 10/21/1987)			
Bureau of Human Resource	es Class Code	Employment Date with the State	ees		
Signature of Applicant		2 - 26 - Date	-18		
	Auth	orization	· · · · · · · · · · · · · · · · · · ·		
that the agency ordered the The Agent further declares	applicant to move as indicated, and that, to the best of the Agent's known gexpenses are true and correct.	ividual is employed in a full-time position that the move will be for the benefit whedge and belief, the request and au Position/ Title of Authorized Age	t of the State of South Dakota. thorization for reimbursement		
The Sugar		Position/ Title of Authorized Age	ent		
Signature of Anthonized A	1- 2-27-18	Position/ Title of Authorized Age	ent		
Biguarate of Authorized A	2-27-18 gent Date	Position/ Title of Authorized Age Agency of Authorized Agent	ent		
Authorized A	2-27-18 gent Date	DSM	ent		
Approved by the State	2-27-18 gent Date	Agency of Authorized Agent	ent		
Approved by the State Board of Finance on	2-27-18 gent Date	Agency of Authorized Agent	ent		

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When Application on	d Authorization coefficie	Diago chook and	PEB 2 3 ZUM
= =	d Authorization sections	Please check one:	Shera aretite
	submit the original to:	X State Transfer (SDCL 3-9-	
State Board of Finance		Full-time continuous employr	ment for 6 months.
Office of Secretary of	State	Professional Recruitment (SDCL 3-9-12)
500 E Capitol Ave	DI (05.552.2525		of employment and of payment of
Pierre SD 57501	Phone: 605-773-3537	moving expenses.	0.13 0
	e request and all supporting documenta		
	. CT eight days prior to the Board		
	ed after that time will be processed at		
compry with Bureau of	f Human Resources policies regarding pr App	lication	mormation.
_Connor Olson		_Assistant Park Manager_	Game_Fish and Parks_
Name of Applicant		New Position Title	Agency Employed By
<u>\$34,452</u>	Hot Springs, SD	_Shadehill	January 2018
Yearly Salary	City, State Moving From	New Post of Duty (City)	Expected Month/Year of Move
510231	00	February 24, 2017	
		Employment Date with the State	
Bureau of Human Reso	ources Class Code	Employment Bate with the State	
expenses constitutes fr employee if they had of (3) if the move is 50 m I certify that I have the eligible moving ex	n for reporting moving expenses for eminge benefits excludable from the emploing benefits excludable from the emploidirectly paid or incurred these expenses, it is or more from the employee's former e met the above listed criteria. I understapense will not be reported as taxable incentated that ultimately I am responsible for the	byee's gross income if (1) the amout (2) the employee did not deduct the residence. and the reimbursement by the State of the the IRS. While this reimbursement	ants would be deductible by the ne expenses in a prior year, and of South Dakota for payment of irsement will not be reported as
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that the agency ordered The Agent further decl	agent hereby certifies that the above indid the applicant to move as indicated, and ares that, to the best of the Agent's knowning expenses are true and correct.	that the move will be for the benefit	it of the State of South Dakota.
Name of Authorized A	w about	Position/ Title of Authorized Ag Agency of Authorized Agent	ent alls
	Approval by Star	te Board of Finance	
Approved by the State	- - ·		
Board of Finance on			
Doard Of Fillance Off	Date Signate	una of Coopetoms Ctata Danial CD'	
	Date Signati	ure of Secretary, State Board of Fina	ance

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When Application and Authorization sections	Please check one:
are completed, please submit the original to:	Z State Transfer (SDCL 3-9-9)
State Board of Finance	Full-time continuous employment for 6 months.
Office of Secretary of State	Professional Recruitment (SDCL 3-9-12)
500 E Capitol Ave Pierre SD 57501 Phone: 605-773-3537	Attach a written copy of the offer of employment and of payment of
	on must be received in the Office of the Secretary of State no
	of Finance meeting on the third Tuesday of the month.
	he next Board of Finance meeting. All documentation MUST
comply with Bureau of Human Resources policies regarding pro	tection of personally identifiable information.
Annli	cation
Kevin Robling	special Projects Coordinator SIG-F-
Name of Applicant	New Position Title Agency Employed By
# 64 031 on Rossi lit. SN	V16 000 0 000 00 100
Yearly Salary Rapro City, 512 City, State Moving From	New Post of Duty (City) New Post of Duty (City) Dec 17 - Feb 18 Expected Month/Year of Move
	New Post of Duty (City) Expected Month/Year of Move
L-S E40-2400	Sept 1, 17 Employment Date with the State
Bureau of Human Resources Class Code	Employment Date with the State
Bureau of Frantai Resources Class Code	
nousehold moving expenses.	
Signature of Applicant	3-8-18 Date
Signature of Applicant Author	Date
Signature of Applicant	Date rization dual is employed in a full-time position with the above agency, nat the move will be for the benefit of the State of South Dakota.
Signature of Applicant Author The undersigned agent hereby certifies that the above individual that the agency ordered the applicant to move as indicated, and the Agent further declares that, to the best of the Agent's knowledge.	Date rization dual is employed in a full-time position with the above agency, nat the move will be for the benefit of the State of South Dakota.
Signature of Applicant Author The undersigned agent hereby certifies that the above individed that the agency ordered the applicant to move as indicated, and the Agent further declares that, to the best of the Agent's knowled factual household moving expenses are true and correct. Hell R-Heple Name of Authorized Agent Signature of Authorized Agent Date	Date rization dual is employed in a full-time position with the above agency, nat the move will be for the benefit of the State of South Dakota. edge and belief, the request and authorization for reimbursement Cabinet Secretary Position/ Title of Authorized Agent Game. Fish + Parks
Signature of Applicant Author The undersigned agent hereby certifies that the above indiviting that the agency ordered the applicant to move as indicated, and to the Agent further declares that, to the best of the Agent's knowl of actual household moving expenses are true and correct. Name of Anthorized Agent Signature of Authorized Agent Date Approval by State	Date rization dual is employed in a full-time position with the above agency, nat the move will be for the benefit of the State of South Dakota. edge and belief, the request and authorization for reimbursement Cabinet Secretary Position/ Title of Authorized Agent Agency of Authorized Agent
Signature of Applicant Author The undersigned agent hereby certifies that the above individed that the agency ordered the applicant to move as indicated, and the Agent further declares that, to the best of the Agent's knowled factual household moving expenses are true and correct. Hell R-Heple Name of Authorized Agent Signature of Authorized Agent Date	Date rization dual is employed in a full-time position with the above agency, nat the move will be for the benefit of the State of South Dakota. edge and belief, the request and authorization for reimbursement Cabinet Secretary Position/ Title of Authorized Agent Agency of Authorized Agent

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	nd Authorization sections	Please check one:	Sh eco oc state
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State Board of Finance	-	Full-time continuous emp	ployment for 6 months.
Office of Secretary of	State	Professional Recruitme	ent (SDCL 3-9-12)
500 E Capitol Ave Pierre SD 57501	Phone: 605-773-3537	Attach a written copy of the	offer of employment and of payment of
	e request and all supporting documen	moving expenses.	NET COLOR OF THE C
later than 5:00 p.m	. CT eight days prior to the Bo	ard of Finance meeting on the	a third Tuesday of the month
Documentation receiv	ed after that time will be processed	at the next Board of Finance me	eeting. All documentation MUST
comply with Bureau o	f Human Resources policies regarding	protection of personally identifiab	ole information.
	A	•	
Kevin Ford		Accountant	BFM
Name of Applicant		New Position Title	Agency Employed By
\$41,115	Box Elder, SD	Pierre, SD	02/2018
Yearly Salary	City, State Moving From	New Post of Duty (City)	Expected Month/Year of Move
801011 Exemp	ot Accountant I	02/20/2018	-
Bureau of Human Reso		Employment Date with the Sta	nte
. /			
	T- (\)	02/28/2018	
Signature of Applicant		Date	
	Aut	horization	
		-	
that the agency ordered	agent hereby certifies that the above in I the applicant to move as indicated, an	nd that the move will be for the ber	nefit of the State of South Dakota
of actual household mo	ares that, to the best of the Agent's knowing expenses are true and correct.	owledge and belief, the request and	d authorization for reimbursement
Liza Clark		Commissioner	
Name of Authorized A	gent	Position/ Title of Authorized	Agent
Lica Clark	02/28/2018	Bureau of Finance	•
Signature of Authorize		Agency of Authorized Agent	
· · · · · · · · · · · · · · · · · · ·			
	Approval by St	ate Board of Finance	
Approved by the State			
Board of Finance on	Date Signa	oture of Coarston: State Dead of	7
	Date Signa	ature of Secretary, State Board of I	rinance

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When Application and Authorization sections	Please check one:	Santa & COR
are completed, please submit the original to:	State Transfer (SDCL 3-9-9)	S.D. SEC. OF STATE
State Board of Finance	Full-time continuous employme	
Office of Secretary of State	Professional Recruitment (SI	
500 E Capitol Ave	Attach a written copy of the offer of	femployment and of payment of
Pierre SD 57501 Phone: 605-773-3537	moving expenses.	
PLEASE NOTE: The request and all supporting do	ennientadoisministra escrete ir de Ones	of the Secretary of State no
later than 5:00 pint CT eight days prior to t	he Board of Finance meeting on the thi	dal nesday of they month.
Donmentation received after thankime will be pro-	essedeataine next Board of Finance intesting	All documentation MUST
comply with Burgati of Human Resources policies res		ormation, S. A. & S. A.
	Application	
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Drooke Chavle	Tarote Ageny	100
Name of Applicant	New Position Title	Agency Employed By
Brooke Charie Name of Applicant #37,772.00 Blue Earth, MM	J Sionxfulla	3/18
Yearly Salary City, State Moving Fro	m New Post of Duty (City)	Expected Month/Year of Move
Yearly Salary City, State Moving Fro		Pichootee Istories 1 Am of 11744
	2.26.18	
Bureau of Human Resources Class Code	Employment Date with the State	
I hereby request authorization and approval t	a submit a reacher for reimburgament of	Factual household moving
expenses subject to the limitations established by	Couth Delete less I shall attach to said	voucher evidence of actual
household maying expenses.	South Darota law. I shall altayn to said	Andrio: CAIGONOD OF BOILD
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10 Van 1 1. 11/1.	1/26/18	
	42018	
Signature of Applicant	Date	
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	Authorization	
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The undersigned agent hereby certifies that the a	bove individual is employed in a full-time posi	tion with the soove agency,
that the agency ordered the applicant to move as indic The Agent further declares that, to the best of the Age	rated, and that the move will be for the benefit	or the state of South Dakon.
of actual household moving expenses are true and cor	eact	iorization for reminerativatent
of section mousehold moving expenses are true and con	100.	
De la Vande la	Sacretain	
Dennis Kaemingk	<u> </u>	
Name of Authorized Agent	Position/ Title of Authorized Ager	nt .
2-2	6-18 Deat of G	rections_
	Agency of Authorized Agent	or conto.
Signature of Authorized Agent / Date	UPORAL OF PROPERTY OF BOILD	
Approval	by State Board of Finance	
Approved by the State		
Board of Finance on		
Date	Signature of Secretary, State Board of Finan	ce
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Household Moving Allowance State of South Dakota

FEB / 7 2018

When Application and Authorization sections	Please check one:	6.D. SEC. OF STATE
are completed, please submit the original to:	State Transfer (SDCL 3-9-	9)
State Board of Finance	Full-time continuous employs	nent for 6 months.
Office of Secretary of State	Professional Recruitment (
500 E Capitol Ave Pierre SD 57501 Phone; 605-773-3537	Attach a written sopy of the offer moving expenses.	of employment and of payment of
PLEASE NOTE: The request and all supporting documental	lon must be received in the Offic	collec Scorela voi Statelio
later than 5:00 p.m. CIL stept days prior to the Board	of Finance meeting on the th	ird. Euceday of the month
Documentation: received attenthat time will be processed attompty with Bureau of Human Resources policies regarding pro	the navi Board of Rinarce meetin rection of personally identifiable i	g (MAII) documentation MUSII itormation:
	ication	710
Rita Mwele	Parala Az. +	$0 \infty c$
Name of Applicant	New Position Title	Agency Employed By
Name of Applicant 39, 651,00 Minucyolia, MN Yearly Salary City, State Moving From		regulary Employed By
39,651,00 Minnerfolia,MN	Sioux Falle	3/18
Yearly Salary City, State Moving From	New Post of Duty (City)	Expected Month/Year of Move
	2.26.18	
Bureau of Human Resources Class Code	Employment Date with the State	•
I hereby request authorization and approval to submit	a voucher for reimbursement	of actual household moving
expenses subject to the limitations established by South Dal		
household moving expenses.		
	•	
$\mathcal{M}_{\mathbf{A}}$	**	
K X1./1 XN/XX IT V V	21210118	•
Signature of Applicant	Pote	
Signature of Applicant	Date	
Author	rization	
	.12441011	
The undersigned agent hereby certifies that the above indivi		
that the agency ordered the applicant to move as indicated, and the		
The Agent further declares that, to the best of the Agent's knowl of actual household moving expenses are true and correct.	eage and belief, the request and au	norization for reimbursement
A mount indistribution though evaluates are the and content	<u>.</u>	
Dennis Kaeminak		
	Secretary	•
Name of Authorized Agent		· ·
Name of Authorized Agent	Position/Title of Authorized Age	<i>f</i> ^
2.26-1	Position/Title of Authorized Age 8 Deft of Cov	rections
Name of Authorized Agent 2 · 26 -/ 6 Signature of Authorized Agent / Date	Position/Title of Authorized Age	<i>f</i> ^
Signature of Authorized Agent /Date	Position/Title of Authorized Age 8 Def of Cov Agency of Authorized Agent	<i>f</i> ^
Signature of Authorized Agent /Date Approval by State	Position/Title of Authorized Age 8 Deft of Cov	<i>f</i> ^
Signature of Authorized Agent /Date	Position/Title of Authorized Age S Def of Cov Agency of Authorized Agent	<i>f</i> ^

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Household Moving Allowance State of South Dakota

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S.D. SEC. OF STATE

When Application and Authorization sections	Please check one:	
are completed, please submit the original to:	State Transfer (SDCL 3-9-9	9)
State Board of Finance	Full-time continuous employn	
Office of Secretary of State	Professional Recruitment (SDCL 3-9-12)
500 E Capitol Ave	Attach a written copy of the offer	of employment and of payment of
Pierre SD 57501 Phone: 605-773-3537 PLEASE NOTE: The request and all supporting documentar	moving expenses.	APAL CALLERY COLUMN
later than 5:00 p.m. CT eight days prior to the Board	l of Finance meeting on the th	urd Tuesday of the month
Documentation received after that time will be processed at	the next Board of Finance meetin	g. All documentation MUST
comply with Bureau of Human Resources policies regarding pr		
App	lication	
Bramwell Brizendine	Assistant Professor of Computer & Cyber Sciences	Dakota State University
Name of Applicant	New Position Title	Agency Employed By
\$85,000.00 Walla Walla, WA	Madison, SD	July 2018
Yearly Salary City, State Moving From	New Post of Duty (City)	Expected Month/Year of Move
00800	08/22/2018	1
Bureau of Human Resources Class Code	Employment Date with the State	
Bureau of Human Resources Class Code	man programme and the state	
B Bana Do	Ech 20 2010	
B Brigard	Feb. 28, 2018	
B B Myend Signature of Applicant	Feb. 28, 2018	
Autho	Date	
	Date Orization Vidual is employed in a full-time potato that the move will be for the benefit	t of the State of South Dakota.
Authorn The undersigned agent hereby certifies that the above individual that the agency ordered the applicant to move as indicated, and The Agent further declares that, to the best of the Agent's know of actual household moving expenses are true and correct.	Date orization vidual is employed in a full-time po- that the move will be for the benefit vledge and belief, the request and au	t of the State of South Dakota. thorization for reimbursement
Authorn The undersigned agent hereby certifies that the above individual that the agency ordered the applicant to move as indicated, and The Agent further declares that, to the best of the Agent's known	Date orization vidual is employed in a full-time po- that the move will be for the benefit vledge and belief, the request and au	t of the State of South Dakota. thorization for reimbursement Admin Services
Author The undersigned agent hereby certifies that the above individual that the agency ordered the applicant to move as indicated, and The Agent further declares that, to the best of the Agent's know of actual household moving expenses are true and correct. Sacy Krusemark Name of Authorized Agent	Date Orization Vidual is employed in a full-time porthat the move will be for the benefit eledge and belief, the request and authorized the second	t of the State of South Dakota. thorization for reimbursement Admin Services
Authorn The undersigned agent hereby certifies that the above individual that the agency ordered the applicant to move as indicated, and The Agent further declares that, to the best of the Agent's know of actual household moving expenses are true and correct. Stacy Krusemerk	Date Orization Vidual is employed in a full-time porthat the move will be for the benefit eledge and belief, the request and authorized the second	t of the State of South Dakota. thorization for reimbursement Admin Services
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Authorized Agent Authorized Agent Authorized Agent Authorized Agent Approval by State	Date Orization Vidual is employed in a full-time porthat the move will be for the benefit eledge and belief, the request and authorized Age Position/ Title of Authorized Age	t of the State of South Dakota. thorization for reimbursement Admin Services
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When Application and Authorization sections	Please check one:	
are completed, please submit the original to:	State Transfer (SDCL 3-9-9)
State Board of Finance	Full-time continuous employment for 6 months.	
Office of Secretary of State	X Professional Recruitment (S	
500 E Capitol Ave	Attach a written copy of the offer of	•
Pierre SD 57501 Phone: 605-773-3537	moving expenses.	
PLEASE NOTE: The request and all supporting documentation	on must be received in the Office	of the Secretary of State no
later than 5:00 p.m. CT eight days prior to the Board	of Finance meeting on the thi	rd Tuesday of the month.
Documentation received after that time will be processed at the		
comply with Bureau of Human Resources policies regarding prote	The state of the s	ormation.
Appli	cation	
Karolynn Marsan	Sheep Unit Manager	SDSU
Name of Applicant	New Position Title	Agency Employed By
¢/7 500		
\$47,500 Athol. ID Yearly Salary City, State Moving From	Brookings New Post of Duty (City)	<u>February 2018</u> Expected Month/Year of Move
City, State Worling From	riew rost of Duty (City)	Expected Month Fear of Move
(00300		
Bureau of Human Resources Class Code	Employment Date with the State	
I hereby request authorization and approval to submit a vo	oucher for reimburgement of active	household moving evnences
subject to the limitations established by South Dakota law. I sh		
expenses.	sent settled: 10 Delig 10 seller 10 seller	or market inorganore inversible
The IRS regulation for reporting moving expenses for empl	oyee states, "Employer reimburser	ment of an employee's moving
expenses constitutes fringe benefits excludable from the employ		
employee if they had directly paid or incurred these expenses, (2		
(3) if the move is 50 miles or more from the employee's former re	esidence.	
I certify that I have met the above listed criteria. I understand		
the eligible moving expense wili not be reported as taxable inco		
taxable, I acknowledge that ultimately I am responsible for the pro-	oper reporting of any tax liability o	f this reimbursement.
	alialia	
Ciardon C A muliana	_2115/18	
Signature of Applicant	Date	
Author	rization	
The undersigned agent hereby certifies that the above individ	• •	• • • • • • • • • • • • • • • • • • • •
that the agency ordered the applicant to move as indicated, and th		
The Agent further declares that, to the best of the Agent's knowled	dge and belief, the request and auth	orization for reimbursement
of actual household moving expenses are true and correct.		
`		
Joseph P. Cassady	T	
Name of Authorized Agefi //	<u>Department Head</u> , And Position/ Title of Authorized Age	mal Science, SDSU
11-112	1 Oskilolis 1 like of Authorized Age.	116
Mill (MI) ALILIS	South Dakota State I	Iniversity
Signature of Authorized Agent Date	Agency of Authorized Agent	
Ammarial her Coasa	Board of Finance	
Approval by State	Board of Finance	
Approved by the State		
Board of Finance on		

When Application and Authorization sections	Please check one:			
are completed, please submit the original to:	State Transfer (SDCL 3-9-9)			
State Board of Finance	Full-time continuous employment for 6 months.			
Office of Secretary of State	Professional Recruitment (SDCL 3-9-12)			
500 E Capitol Ave	Attach a written copy of the offer of employment and of payment of			
Pierre SD 57501 Phone: 605-773-3537	moving expenses.			
PLEASE NOTE: The request and all supporting documentation				
later than 5:00 p.m. CT eight days prior to the Board Documentation received after that time will be processed at the				
comply with Bureau of Human Resources policies regarding prot				
Applie	cation			
Roberta Poterson	Day of their STOLL			
Name of Applicant	New Position Title New Position Title Agency Employed By			
Name of Applicant	New Position Title Agency Employed By			
90000 Player WI	Browling So boller 2018			
Yearly Salary City, State Moving From	New Post of Dut(YCity) Expected Month/Year of Move			
002/14	- 1) 0			
O() 317	2/7/18			
Bureau of Human Resources Class Code	Employment Date with the State			
I hereby request authorization and approval to submit a voucher for reimbursement of actual household moving expenses subject to the limitations established by South Dakota law. I shall attach to said voucher evidence of actual household moving expenses. The IRS regulation for reporting moving expenses for employee states, "Employer reimbursement of an employee's moving expenses constitutes fringe benefits excludable from the employee's gross income if (1) the amounts would be deductible by the employee if they had directly paid or incurred these expenses, (2) the employee did not deduct the expenses in a prior year, and (3) if the move is 50 miles or more from the employee's former residence. I certify that I have met the above listed criteria. I understand the reimbursement by the State of South Dakota for payment of the eligible moving expense will not be reported as taxable income to the IRS. While this reimbursement will not be reported as taxable, I acknowledge that ultimately I am responsible for the proper reporting of any tax liability of this reimbursement. Date Date				
Author	ization			
The undersigned agent hereby certifies that the above individual is employed in a full-time position with the above agency, that the agency ordered the applicant to move as indicated, and that the move will be for the benefit of the State of South Dakota. The Agent further declares that, to the best of the Agent's knowledge and belief, the request and authorization for reimbursement of actual household moving expenses are true and correct.				
Name of Authorized Agent	Position/ Title of Authorized Agent			
Signature of Authorized Agent Date	Agency of Authorized Agent			
Approval by State	Board of Finance			
Approved by the State				
Board of Finance on				
	of Secretary, State Board of Finance			

When Application and Authorization sections	Please check one:			
are completed, please submit the original to:	State Transfer (SDCL 3-9-9)			
State Board of Finance	Full-time continuous employment for 6 months.			
Office of Secretary of State	Professional Recruitment (S	DCL 3-9-12)		
500 E Capitol Ave	Attach a written copy of the offer of	f employment and of payment of		
Pierre SD 57501 Phone: 605-773-3537	moving expenses.	- CAL - C		
PLEASE NOTE: The request and all supporting documentation later than 5:00 p.m. CT eight days prior to the Board				
Documentation received after that time will be processed at the				
comply with Bureau of Human Resources policies regarding prot				
Applie				
Dmitry Suspitsyn	Director of Institutional Research	SDSU		
Name of Applicant	New Position Title	Agency Employed By		
\$89,000 Hilliard, OH	Brookings, SD	February, 2018		
Yearly Salary City, State Moving From	New Post of Duty (City)	Expected Month/Year of Move		
	• • •	•		
0)549	February 22, 2018			
Bureau of Human Resources Class Code	Employment Date with the State			
I hereby request authorization and approval to submit a voucher for reimbursement of actual household moving expenses subject to the limitations established by South Dakota law. I shall attach to said voucher evidence of actual household moving expenses. The IRS regulation for reporting moving expenses for employee states, "Employer reimbursement of an employee's moving expenses constitutes fringe benefits excludable from the employee's gross income if (1) the amounts would be deductible by the employee if they had directly paid or incurred these expenses, (2) the employee did not deduct the expenses in a prior year, and (3) if the move is 50 miles or more from the employee's former residence. I certify that I have met the above listed criteria. I understand the reimbursement by the State of South Dakota for payment of the eligible moving expense will not be reported as taxable income to the IRS. While this reimbursement will not be reported as taxable, I acknowledge that ultimately I am responsible for the proper reporting of any tax liability of this reimbursement. Did 18 2018 Date				
Authorization				
1144101	ization			
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The undersigned agent hereby certifies that the above individe that the agency ordered the applicant to move as indicated, and the Agent further declares that, to the best of the Agent's knowled of actual household moving expenses are true and correct.	dual is employed in a full-time posi at the move will be for the benefit adge and belief, the request and auth	of the State of South Dakota. norization for reimbursement		
The undersigned agent hereby certifies that the above individe that the agency ordered the applicant to move as indicated, and the Agent further declares that, to the best of the Agent's knowled of actual household moving expenses are true and correct. Name of Authorized Agent Approval by State	dual is employed in a full-time position at the move will be for the benefit edge and belief, the request and authorized Agency of Authorized Agent	of the State of South Dakota. norization for reimbursement		
The undersigned agent hereby certifies that the above individe that the agency ordered the applicant to move as indicated, and the Agent further declares that, to the best of the Agent's knowled of actual household moving expenses are true and correct. Name of Authorized Agent 2-2-2018 Signature of Authorized Agent Date	dual is employed in a full-time position at the move will be for the benefit edge and belief, the request and authorized Agency of Authorized Agent	of the State of South Dakota. norization for reimbursement		

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When Application and Authorizat	ion sections	Please check one:	.D. SEC OF STATE
are completed, please submit the original to:		State Transfer (SDCL 3-9-9)	
State Board of Finance		Full-time continuous employm	
Office of Secretary of State		Professional Recruitment (S	SDCL 3-9-12) Attach a
500 E Capitol Ave	72. 2527	written copy of the offer of employment	
Pierre SD 57501 Phone: 605-7		expenses.	
than 5:00 p.m. CT eight days pri	or to the Board of Finance meet the next Board of Finance meetin ction of personally identifiable inf	11 - 12 - 12 - 12 - 12 - 12 - 12 - 12 -	nth. Documentation received
	Applic	cation	
William Lemke		Assistant Coach - Soccer	USD
Name of Applicant		New Position Title	Agency Employed By
\$35,000.00	Sioux City, IA	Vermillion	February 2018
Yearly Salary	City, State Moving From	New Post of Duty (City)	Expected Month/Year of Move
_005//	Jan	nuary 22, 2018	
Bureau of Human Resources Class C	Code	Employment Date with the State	
they had directly paid or incurred the solution of the employer of the solution of the employer of the solution of the solutio	nese expenses, (2) the employee de's former residence. isted criteria. I understand the reingle reported as taxable income to the	ome if (1) the amounts would be deducted in the expenses in a prior in the boundary of the State of South Date IRS. While this reimbursement will go f any tax liability of this reimbursed Date	year, and (3) if the move is kota for payment of the not be reported as taxable. I
	Authori	zation	
that the agency ordered the applican	certifies that the above individual at to move as indicated, and that the best of the Agent's knowledge	is employed in a full-time position when the move will be for the benefit of the and belief, the request and authorization.	State of South Dakota
Sheila Gestring		Vice President, Finance	
Name of Authorized Agent		Position/ Title of Authorized Agent	t
Shi la Station	7 2-28-18	The University of Court D. L.	
Signature of Authorized Agent [ate	The University of South Dakota Agency of Authorized Agent	
	Approval by State		
	Tappa of Suite	Zoula of I manoc	
Signature of Secretary, State Board of	f Finance		

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When Application and Authorization	on sections	Please check one:	S.D. SEC. OF STATE
are completed, please submit the or	riginal to:	State Transfer (SDCL 3-9-9)	
State Board of Finance	f Finance Full-time continuous employment for 6 months.		ent for 6 months.
Office of Secretary of State		Professional Recruitment (SDCL 3-9-12) Attach a	
500 E Capitol Ave Pierre SD 57501 Phone: 605-77	2 2527	written copy of the offer of employment	and of payment of moving
		expenses. ust be received in the Office of the	Company of Clark and Reference
than 5:00 p.m. CT eight days prio after that time will be processed at it Resources policies regarding protect	r to the Board of Finance meeting the next Board of Finance meeting tion of personally identifiable info	ng on the third Tuesday of the mo. All documentation MUST comply ormation.	nth. Documentation received
	Applica	ation	
Clete McLeod		Head Coach - Strength & Conditioning	USD
Name of Applicant		New Position Title	Agency Employed By
\$70,000.00	Lincoln, NE	Vermillion	January 2018
Yearly Salary	City, State Moving From	New Post of Duty (City)	Expected Month/Year of Move
00510	Jani	uary 22, 2018	
Bureau of Human Resources Class Co		mployment Date with the State	
the limitations established by South The IRS regulation for reporting mo constitutes fringe benefits excludabl they had directly paid or incurred the 50 miles or more from the employee I certify that I have met the above lis eligible moving expense will not be acknowledge that ultimately I am re- Signature of Applicant	ving expenses for employee states e from the employee's gross incomes ese expenses, (2) the employee dis 's former residence. sted criteria. I understand the reim reported as taxable income to the	s, "Employer reimbursement of an e me if (1) the amounts would be dedu d not deduct the expenses in a prior abursement by the State of South Da IRS. While this reimbursement will	mployee's moving expenses actible by the employee if year, and (3) if the move is kota for payment of the not be reported as taxable, I
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that the agency ordered the applicant The Agent further declares that, to the of actual household moving expense	t to move as indicated, and that the best of the Agent's knowledge	is employed in a full-time position we move will be for the benefit of the and belief, the request and authorization.	State of South Dakota.
Sheila Gestring Name of Authorized Agent		Vice President, Finance	
Name of Authorized Agent	8: 10	Position/ Title of Authorized Agen	l
freign. Slaming	2-28-18	The University of South Dakota	
Signature of Authorized Agent D	ate	Agency of Authorized Agent	
Signature of Secretary, State Board of	Approval by State I	Board of Finance	
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VVI A It action and Authorization goations	Please check one:	S.D. SEC. OF STATE	
When Application and Authorization sections are completed, please submit the original to:	i [ASSISTANCE SE SIMIS	
State Board of Finance	State Transfer (SDCL 3-9-9) Full-time continuous employment for 6 months.		
Office of Secretary of State	Professional Recruitment (SDCL 3-9-12) Attach a		
500 E Capitol Ave	written copy of the offer of employment and		
Pierre SD 57501 Phone: 605-773-3537	expenses.		
PLEASE NOTE: The request and all supporting documentation must be received in the Office of the Secretary of State no later than 5:00 p.m. CT eight days prior to the Board of Finance meeting on the third Tuesday of the month. Documentation received after that time will be processed at the next Board of Finance meeting. All documentation MUST comply with Bureau of Human Resources policies regarding protection of personally identifiable information.			
Applic	ation		
Courtney Segota	Head of Instructional Svcs. New Position Title	USD Law Library	
Name of Applicant	New Position Title	Agency Employed By	
\$60,350.00 Misamas, FL Yearly Salary City, State Moving From	Vecmillion New Post of Duty (City)	Dec. 2017	
Yearly Salary City, State Moving From	New Post of Duty (City)	Expected Month/Year of Move	
00.520	1/10/18		
Bureau of Human Resources Class Code E	imployment Date with the State		
the limitations established by South Dakota law. I shall attach to said voucher evidence of actual household moving expenses. The IRS regulation for reporting moving expenses for employee states, "Employer reimbursement of an employee's moving expenses constitutes fringe benefits excludable from the employee's gross income if (1) the amounts would be deductible by the employee if they had directly paid or incurred these expenses, (2) the employee did not deduct the expenses in a prior year, and (3) if the move is 50 miles or more from the employee's former residence. I certify that I have met the above listed criteria. I understand the reimbursement by the State of South Dakota for payment of the eligible moving expense will not be reported as taxable income to the IRS. While this reimbursement will not be reported as taxable, I acknowledge that ultimately I am responsible for the proper reporting of any tax liability of this reimbursement. Signature of Applicant Date Signature of Applicant			
Authorization			
The undersigned agent hereby certifies that the above individual is employed in a full-time position with the above agency, that the agency ordered the applicant to move as indicated, and that the move will be for the benefit of the State of South Dakota. The Agent further declares that, to the best of the Agent's knowledge and belief, the request and authorization for reimbursement of actual household moving expenses are true and correct.			
Sheila Gestring	Vice President, Finance		
Name of Authorized Agent	Position/ Title of Authorized Agent		
Show that man 2-28-18	The University of South Dakota		
Signature of Authorized Agent Date	Agency of Authorized Agent		
Approval by State Board of Finance			
Signature of Secretary, State Board of Finance			

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When Application and Authorization costions	Please check one:	S.D. SEC. OF STATE	
When Application and Authorization sections			
are completed, please submit the original to:	State Transfer (SDCL 3-9-9)		
State Board of Finance	Full-time continuous employment for 6 months.		
Office of Secretary of State	Professional Recruitment (S		
500 E Capitol Ave	written copy of the offer of employment	and of payment of moving	
Pierre SD 57501 Phone: 605-773-3537 expenses. PLEASE NOTE: The request and all supporting documentation must be received in the Office of the Secretary of State no later than 5:00 p.m. CT eight days prior to the Board of Finance meeting on the third Tuesday of the month. Documentation received after that time will be processed at the next Board of Finance meeting. All documentation MUST comply with Bureau of Human Resources policies regarding protection of personally identifiable information.			
Applic	ation		
Aron S. Spencer Name of Applicant	TLL	(1, 0)	
Non J. Spencer	- MS/Melor	Access Freedowd Pro	
Name of Applicant	New Position Title	Agency Employed By	
Yearly Salary Hesperia, CA City, State Moving From	Vanadian	Jc 18	
Yearly Salary City, State Moving From	New Post of Duty (City)	Expected Month/Year of Move	
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()O X()O	12 /22 /2007		
Bureau of Human Resources Class Code E	12/27/2017 mployment Date with the State		
Buleau of Human Resources Class Code E	inployment Date with the State		
The IRS regulation for reporting moving expenses for employee state constitutes fringe benefits excludable from the employee's gross inco they had directly paid or incurred these expenses, (2) the employee di 50 miles or more from the employee's former residence. I certify that I have met the above listed criteria. I understand the reim eligible moving expense will not be reported as taxable income to the acknowledge that ultimately I am responsible for the proper reporting Signature of Applicant	me if (1) the amounts would be deduced not deduct the expenses in a prior abursement by the State of South Da IRS. While this reimbursement will	uctible by the employee if year, and (3) if the move is akota for payment of the not be reported as taxable, I	
Authorization			
The undersigned agent hereby certifies that the above individual is employed in a full-time position with the above agency, that the agency ordered the applicant to move as indicated, and that the move will be for the benefit of the State of South Dakota. The Agent further declares that, to the best of the Agent's knowledge and belief, the request and authorization for reimbursement of actual household moving expenses are true and correct.			
Sheila Gestring	Vice President, Finance		
Name of Authorized Agent	Position/ Title of Authorized Agen	it	
Sherland 2-28-18	The University of South Dakota		
Signature of Authorized Agent Date	Agency of Authorized Agent		
Approval by State Board of Finance			

Signature of Secretary, State Board of Finance

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When Application and Authorization sections are completed, please submit the original to: State Board of Finance Office of Secretary of State 500 E Capitol Ave Pierre SD 57501 PLEASE NOTE: The request and all supporting documentation must be received in the Office of the Secretary of State needs to the Board of Finance meeting on the third Tuesday of the month Documentation received after that time will be processed at the next Board of Finance meeting. All documentation MUST comply with Bureau of Human Resources policies regarding protection of personally identifiable information. Application				
Colby Keegan		Athletic Trainer	USD	
Name of Applicant	Chattanaaga TN	New Position Title	Agency Employed By	
\$38,000 Yearly Salary	Chattanooga, TN	Vermillion	February 2018	
Yearly Salary	City, State Moving From	New Post of Duty (City)	Expected Month/Year of Move	
_ (0) 5/4	/	February 15, 2018		
Bureau of Human Resources	Class Code	Employment Date with the State		
Signature of Applicant Date				
Authorization				
The undersigned agent hereby certifies that the above individual is employed in a full-time position with the above agency, that the agency ordered the applicant to move as indicated, and that the move will be for the benefit of the State of South Dakota. The Agent further declares that, to the best of the Agent's knowledge and belief, the request and authorization for reimbursement of actual household moving expenses are true and correct.				
Sheila Gestring		Vice President, Finan	ice	
Name of Authorized Agent		Position/ Title of Authorized Ager		
Milas to	tracy 2-28-18	The University of Sou	ıth Dakota	
Signature of Authorized Age	ent Date	Agency of Authorized Agent		
Approved by the State Board of Finance on	Approval by State			
Date	Signature	e of Secretary, State Board of Finan	ice	

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are completed, please submit	rization sections	Please check one:	E.D. SEC. OF STATE
, F	the original to:	State Transfer (SDCL 3-9-9))
State Board of Finance		Full-time continuous employm	ent for 6 months.
Office of Secretary of State		Professional Recruitment (S	SDCL 3-9-12)
500 E Capitol Ave Pierre SD 57501 Phone	: 605-773-3537	Attach a written copy of the offer moving expenses.	of employment and of payment of
		on must be received in the Office	e of the Secretary of State no
later than 5:00 p.m. CT ei	ght days prior to the Board	of Finance meeting on the th	ird Tuesday of the month.
Documentation received after	that time will be processed at the	he next Board of Finance meetin	g. All documentation MUST
comply with Bureau of Human		tection of personally identifiable in	formation.
	Appli	cation	
Robert W. Aurich		Assistant Coach-Football	USD
Name of Applicant		New Position Title	Agency Employed By
\$67,000.00 Be	emidji, MN	Vermillion	February 2018
Yearly Salary (City, State Moving From	New Post of Duty (City)	Expected Month/Year of Move
00.51/		February 15, 2018	
Bureau of Human Resources C	lass Code	Employment Date with the State	
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Signature of Applicant		7 10 102	
		2-15-18	
Signature of Applicant		2-15-18 Date	
The undersigned agent her that the agency ordered the appl	licant to move as indicated, and the to the best of the Agent's knowled	Date	of the State of South Dakota.
The undersigned agent her that the agency ordered the appl The Agent further declares that, of actual household moving exp	eby certifies that the above individual individual to move as indicated, and the to the best of the Agent's knowled	Date ization dual is employed in a full-time postat the move will be for the benefit	of the State of South Dakota. horization for reimbursement
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When Application and Authorizatio	n sections	Please check one:	3.D. SEC. OF STATE	
are completed, please submit the original to:		State Transfer (SDCL 3-9-9)		
State Board of Finance		Full-time continuous employment for 6 months.		
Office of Secretary of State		Professional Recruitment		
500 E Capitol Ave		written copy of the offer of employmen		
Pierre SD 57501 Phone: 605-773		expenses.		
PLEASE NOTE: The request and all supporting documentation must be received in the Office of the Secretary of State no later than 5:00 p.m. CT eight days prior to the Board of Finance meeting on the third Tuesday of the month. Documentation received after that time will be processed at the next Board of Finance meeting. All documentation MUST comply with Bureau of Human Resources policies regarding protection of personally identifiable information.				
	Applic	cation		
Tyler Paopao		Assistant Coach - Football	USD	
Name of Applicant		New Position Title	Agency Employed By	
\$50,000.00	LaGrande, OR	Vermillion	February 2018	
Yearly Salary	City, State Moving From	New Post of Duty (City)	Expected Month/Year of Move	
CD 511	Feb	oruary 15, 2018		
Bureau of Human Resources Class Co	de E	Employment Date with the State		
The IRS regulation for reporting move constitutes fringe benefits excludable they had directly paid or incurred the 50 miles or more from the employee' I certify that I have met the above list eligible moving expense will not be reacknowledge that ultimately I am response to Applicant	from the employee's gross incose expenses, (2) the employee dissipance former residence. ed criteria. I understand the reineported as taxable income to the	ome if (1) the amounts would be ded id not deduct the expenses in a prior inbursement by the State of South D is IRS. While this reimbursement wi	ductible by the employee if r year, and (3) if the move is bakota for payment of the ll not be reported as taxable, I	
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The undersigned agent hereby ce that the agency ordered the applicant The Agent further declares that, to the of actual household moving expenses	to move as indicated, and that the best of the Agent's knowledge	is employed in a full-time position ne move will be for the benefit of the and belief, the request and authorize	e State of South Dakota.	
Sheila Gestring		Vice President, Finance		
Name of Authorized Agent	1 2 20 10	Position/ Title of Authorized Age		
Signature of Authorized Agent Da	1 2 2 3 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -	The University of South Dakota	l .	
Signature of Authorized Agent 19a		Agency of Authorized Agent		
Approval by State Board of Finance				
Signature of Secretary, State Board of	Finance			

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When Application and Authorization	on sections	Please check one:	5.0. 820. OF SIME
are completed, please submit the or	iginal to:	State Transfer (SDCL 3-9-9))
State Board of Finance		Full-time continuous employment	
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500 E Capitol Ave	2 2527	written copy of the offer of employment a	and of payment of moving
Pierre SD 57501 Phone: 605-77		expenses.	Stocker of State of S
PLEASE NOTE: The request and all supporting documentation must be received in the Office of the Secretary of State no later than 5:00 p.m. CT eight days prior to the Board of Finance meeting on the third Tuesday of the month. Documentation received after that time will be processed at the next Board of Finance meeting. All documentation MUST comply with Bureau of Human Resources policies regarding protection of personally identifiable information.			
	Applic	ation	
Kyle Joplin		Head Coach - Women's Triathlon	USD
Name of Applicant		New Position Title	Agency Employed By
\$40,000.00	Shreveport, LA	Vermillion	February 2018
Yearly Salary	City, State Moving From	New Post of Duty (City)	Expected Month/Year of Move
00510	©05/0 February 22, 2018		
Bureau of Human Resources Class Co	ode E	imployment Date with the State	
The IRS regulation for reporting more constitutes fringe benefits excludable they had directly paid or incurred the 50 miles or more from the employee I certify that I have met the above list eligible moving expense will not be acknowledge that ultimately I am resulting	e from the employee's gross inco ese expenses, (2) the employee di 's former residence. ted criteria. I understand the rein reported as taxable income to the	me if (1) the amounts would be deducted not deduct the expenses in a prior in the bursement by the State of South Dal IRS. While this reimbursement will of any tax liability of this reimburse $2/32/18$	extible by the employee if year, and (3) if the move is kota for payment of the not be reported as taxable, I
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V		77	
The undersigned agent hereby c that the agency ordered the applicant The Agent further declares that, to the of actual household moving expenses	to move as indicated, and that the best of the Agent's knowledge	is employed in a full-time position we move will be for the benefit of the	State of South Dakota.
Sheila Gestring	7	Vice President, Finance	
Name of Authorized Agent		Position/ Title of Authorized Agent	t
Sheriko Stortun	a 2-28-18	The University of South Dakota	
Signature of Authorized Agent Da	ate	Agency of Authorized Agent	1.00
Approval by State Board of Finance			
Signature of Secretary, State Board of	Finance		